

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

## MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: YPOD

## PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 27189

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1. MEDICARE/MEDICAID PROVIDER NO.<br>(L1) <b>245617</b>   |  | 3. NAME AND ADDRESS OF FACILITY<br>(L3) <b>CARONDELET VILLAGE CARE CENTER</b><br>(L4) <b>525 FAIRVIEW AVENUE SOUTH</b><br>(L5) <b>SAINT PAUL, MN</b> (L6) <b>55116</b>   |  | 4. TYPE OF ACTION: <u>7</u> (L8)<br><br>1. Initial 2. Recertification<br>3. Termination 4. CHOW<br>5. Validation 6. Complaint<br>7. On-Site Visit 9. Other<br><br>8. Full Survey After Complaint  |  |
| 2.STATE VENDOR OR MEDICAID NO.<br>(L2) <b>550012400</b>   |  | 5. EFFECTIVE DATE CHANGE OF OWNERSHIP<br>(L9)  |  | 7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7)<br><b>01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA</b><br><b>02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF</b><br><b>03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC</b><br><b>04 SNF 08 OPT/SP 12 RHC 16 HOSPICE</b> |  |
| 6. DATE OF SURVEY <b>08/28/2017</b> (L34)                 |  | 8. ACCREDITATION STATUS: <u>    </u> (L10)<br>0 Unaccredited 1 TJC<br>2 AOA 3 Other  |  | FISCAL YEAR ENDING DATE: (L35)<br><b>09/30</b>  |  |
| 11. LTC PERIOD OF CERTIFICATION<br>From (a) :<br>To (b) : |  | 10.THE FACILITY IS CERTIFIED AS:<br><b>X</b> A. In Compliance With <u>And/Or Approved Waivers Of The Following Requirements:</u><br>Program Requirements <u>    </u> 2. Technical Personnel <u>    </u> 6. Scope of Services Limit<br>Compliance Based On: <u>    </u> 3. 24 Hour RN <u>    </u> 7. Medical Director<br><u>    </u> 1. Acceptable POC <u>    </u> 4. 7-Day RN (Rural SNF) <u>    </u> 8. Patient Room Size<br><u>    </u> 5. Life Safety Code <u>    </u> 9. Beds/Room<br>B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: <b>A*</b> (L12) |  |   |  |
| 12.Total Facility Beds <b>45</b> (L18)                    |  | 13.Total Certified Beds <b>45</b> (L17)  |  | 14. LTC CERTIFIED BED BREAKDOWN<br>18 SNF 18/19 SNF 19 SNF ICF IID<br><b>45</b><br>(L37) (L38) (L39) (L42) (L43)  |  |
| 15. FACILITY MEETS<br>1861 (e) (1) or 1861 (j) (1): (L15) |  |  |  |   |  |

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

|  |  |  |   |
|--|--|--|---|
| 17. SURVEYOR SIGNATURE<br><br><b>Christine Campbell, HFE-NE II</b> | Date :<br><br><b>10/03/2017</b><br>(L19) | 18. STATE SURVEY AGENCY APPROVAL<br><br><b>Anne Peterson, Enforcement Specialist</b> | Date:<br><br><b>10/13/2017</b><br>(L20) |
|--|--|--|---|

## PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19. DETERMINATION OF ELIGIBILITY<br><b>X</b> 1. Facility is Eligible to Participate<br><u>    </u> 2. Facility is not Eligible<br>(L21) |  | 20. COMPLIANCE WITH CIVIL RIGHTS ACT:  |  | 21. 1. Statement of Financial Solvency (HCFA-2572)<br>2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)<br>3. Both of the Above : <u>          </u>   |  |
| 22. ORIGINAL DATE<br>OF PARTICIPATION<br><b>08/27/2012</b><br>(L24)   |  | 23. LTC AGREEMENT<br>BEGINNING DATE<br>(L41)   |  | 24. LTC AGREEMENT<br>ENDING DATE<br>(L25)   |  |
| 25. LTC EXTENSION DATE:<br>(L27)  |  | 27. ALTERNATIVE SANCTIONS<br>A. Suspension of Admissions:<br>(L44)<br>B. Rescind Suspension Date:<br>(L45) |  | 26. TERMINATION ACTION: (L30)<br><b>VOLUNTARY</b> <u>00</u> <b>INVOLUNTARY</b><br>01-Merger, Closure 05-Fail to Meet Health/Safety<br>02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement<br>03-Risk of Involuntary Termination <b>OTHER</b><br>04-Other Reason for Withdrawal 07-Provider Status Change<br>00-Active |  |
| 28. TERMINATION DATE:   |  | 29. INTERMEDIARY/CARRIER NO.<br><b>03001</b><br>(L28) (L31)  |  | 30. REMARKS<br><br><b>Posted 10/16/2017 Co.</b>   |  |
| 31. RO RECEIPT OF CMS-1539<br>(L32)   |  | 32. DETERMINATION OF APPROVAL DATE<br><b>09/11/2017</b><br>(L33)   |  | DETERMINATION APPROVAL  |  |



*Protecting, Maintaining and Improving the Health of All Minnesotans*

CMS Certification Number (CCN): 245617

October 3, 2017

Mr. Gavin Middleton, Administrator  
Carondelet Village Care Center  
525 Fairview Avenue South  
Saint Paul, MN 55116

Dear Mr. Middleton:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program.

Effective August 22, 2017 the above facility is recommended for:

45 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 45 skilled nursing facility beds. You should advise our office of any changes in staffing, services, or organization, which might affect your certification status. If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and Medicaid provider agreement may be subject to non-renewal or termination.

Please contact me if you have any questions related to this electronic notice.

Sincerely,

A handwritten signature in cursive script that reads 'Anne Peterson'.

Licensing and Certification Program  
Minnesota Department of Health  
P.O. Box 64900  
St. Paul, MN 55164-0900  
anne.peterson@state.mn.us  
Telephone #: 651-201-4206 Fax #: 651-215-9697

cc: Licensing and Certification File



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

October 3, 2017

Mr. Gavin Middleton, Administrator  
Carondelet Village Care Center  
525 Fairview Avenue South  
Saint Paul, MN 55116

RE: Project Number S5617006

Dear Mr. Middleton:

On July 28, 2017, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on July 13, 2017. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required.

On August 28, 2017, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of your plan of correction to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on July 13, 2017. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of August 22, 2017. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on July 13, 2017, effective August 22, 2017 and therefore remedies outlined in our letter to you dated July 28, 2017, will not be imposed.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions related to this electronic notice.

Sincerely,

A handwritten signature in cursive script that reads 'Anne Peterson'.

Licensing and Certification Program  
Minnesota Department of Health  
P.O. Box 64900  
St. Paul, MN 55164-0900  
anne.peterson@state.mn.us  
Telephone #: 651-201-4206 Fax #: 651-215-9697

cc: Licensing and Certification File

## MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: YPOD

## PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 27189

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| 2. STATE VENDOR OR MEDICAID NO.<br>(L2) <b>550012400</b>  |  | 5. EFFECTIVE DATE CHANGE OF OWNERSHIP<br>(L9)   |  | 7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7)<br><b>01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA</b><br><b>02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF</b><br><b>03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC</b><br><b>04 SNF 08 OPT/SP 12 RHC 16 HOSPICE</b> |  |
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| 12. Total Facility Beds <b>45</b> (L18)                   |  | 13. Total Certified Beds <b>45</b> (L17)  |  | 14. LTC CERTIFIED BED BREAKDOWN<br>18 SNF 18/19 SNF 19 SNF ICF IID<br>45<br>(L37) (L38) (L39) (L42) (L43)   |  |
| 15. FACILITY MEETS<br>1861 (e) (1) or 1861 (j) (1): (L15) |  |   |  |   |  |

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

|   |                          |   |                         |
|---|--------------------------|---|-------------------------|
| 17. SURVEYOR SIGNATURE<br><br><u>Mary Capes, HFE NE II</u><br>(L19) | Date :<br><br>08/08/2017 | 18. STATE SURVEY AGENCY APPROVAL<br><br><u>Kate JohnsTon, Program Specialist</u><br>(L20) | Date:<br><br>09/08/2017 |
|---|--------------------------|---|-------------------------|

## PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

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|--|--|--|--|---|--|
| 19. DETERMINATION OF ELIGIBILITY<br><u>    </u> 1. Facility is Eligible to Participate<br><u>    </u> 2. Facility is not Eligible<br>(L21) |  | 20. COMPLIANCE WITH CIVIL RIGHTS ACT:  |  | 21. 1. Statement of Financial Solvency (HCFA-2572)<br>2. Ownership/Control Interest Disclosure Stmt (HCFA-1513)<br>3. Both of the Above : <u>          </u>   |  |
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PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered  
July 28, 2017

Mr. Gavin Middleton, Administrator  
Carondelet Village Care Center  
525 Fairview Avenue South  
Saint Paul, MN 55116

RE: Project Number S5617006

Dear Mr. Middleton:

On July 13, 2017, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the electronically delivered CMS-2567 whereby corrections are required.

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.**

This letter provides important information regarding your response to these deficiencies and addresses the following issues:

**Opportunity to Correct** - the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed;

**Electronic Plan of Correction** - when a plan of correction will be due and the information to be contained in that document;

**Remedies** - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS) if substantial compliance is not attained at the time of a revisit;

**Potential Consequences** - the consequences of not attaining substantial compliance 3 and 6

months after the survey date; and

**Informal Dispute Resolution** - your right to request an informal reconsideration to dispute the attached deficiencies.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

#### **DEPARTMENT CONTACT**

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

**Susanne Reuss, Unit Supervisor  
Metro A Survey Team  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
85 East Seventh Place, Suite 220  
P.O. Box 64900  
Saint Paul, Minnesota 55164-0900  
Email: [susanne.reuss@state.mn.us](mailto:susanne.reuss@state.mn.us)  
Phone: (651) 201-3793  
Fax: (651) 215-9697**

#### **OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES**

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by August 22, 2017, the Department of Health will impose the following remedy:

- State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by August 22, 2017 the following remedy will be imposed:

- Per instance civil money penalty. (42 CFR 488.430 through 488.444)

#### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

An ePoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your ePoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

#### **PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE**

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. Your signature at the bottom of the first page of the CMS-2567 form will be used as verification of compliance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of

Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

## **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

Upon receipt of an acceptable ePoC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification. A Post Certification Revisit (PCR) will occur after the date you identified that compliance was achieved in your plan of correction.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

### **Original deficiencies not corrected**

If your facility has not achieved substantial compliance, we will impose the remedies described above. If the level of noncompliance worsened to a point where a higher category of remedy may be imposed, we will recommend to the CMS Region V Office that those other remedies be imposed.

### **Original deficiencies not corrected and new deficiencies found during the revisit**

If new deficiencies are identified at the time of the revisit, those deficiencies may be disputed through the informal dispute resolution process. However, the remedies specified in this letter will be imposed for original deficiencies not corrected. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed.

### **Original deficiencies corrected but new deficiencies found during the revisit**

If new deficiencies are found at the revisit, the remedies specified in this letter will be imposed. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed. You will be provided the required notice before the imposition of a new remedy or informed if another date will be set for the imposition of these remedies.

## **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

If substantial compliance with the regulations is not verified by October 13, 2017 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and



Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by January 13, 2018 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

### INFORMAL DISPUTE RESOLUTION

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process  
Minnesota Department of Health  
Health Regulation Division  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc\\_idr.cfm](http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc_idr.cfm)

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

**Mr. Tom Linhoff, Fire Safety Supervisor**  
**Health Care Fire Inspections**  
**Minnesota Department of Public Safety**  
**State Fire Marshal Division**

Carondelet Village Care Center

July 28, 2017

Page 6

**445 Minnesota Street, Suite 145  
St. Paul, Minnesota 55101-5145**

**Email: [tom.linhoff@state.mn.us](mailto:tom.linhoff@state.mn.us)**

**Telephone: (651) 430-3012**

**Fax: (651) 215-0525**

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a long horizontal line extending to the right.

Joanne Simon, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: [joanne.simon@state.mn.us](mailto:joanne.simon@state.mn.us)

cc: Licensing and Certification File

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2017  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>245617</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/13/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARONDELET VILLAGE CARE CENTER</b> |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>525 FAIRVIEW AVENUE SOUTH<br/>SAINT PAUL, MN 55116</b>                       |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                             |
| F 000   | INITIAL COMMENTS<br><br>On July 10,11,12, and 13, 2017, a standard survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.<br><br>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC (electronic plan of correction), your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.<br><br>Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification. | F 000  |  |  |  |
| F 371<br>SS=F   | 483.60(i)(1)-(3) FOOD PROCURE,<br>STORE/PREPARE/SERVE - SANITARY<br><br>(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.<br><br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br><br>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.  | F 371  |  |  | 8/22/17  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/07/2017

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>245617</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/13/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CARONDELET VILLAGE CARE CENTER</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>525 FAIRVIEW AVENUE SOUTH<br/>SAINT PAUL, MN 55116</b>   |  |  |
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| F 371   | <p>Continued From page 1</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>(i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on observation, interview and document review, the facility failed to maintain sanitary food preparation areas which had the potential to affect 45 of 45 residents currently in the facility.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 7/10/17, at 6:15 p.m. with cook (C)-C, there was a heavy accumulation of food particles, crumbs, tan/brown sticky substances in multiple cupboards, storing dishes, on multiple shelves storing dishes, spices, paper products, and in drawers with utensils stored. The floors had a heavy accumulation of paper particles, food and staining especially under the shelving and outer edges of the kitchen. There was a empty spray bottle laying on the floor under the pots and pans dishwasher area. The stored mixer stand had a heavy accumulation of dust, food debris and chipping paint noted around the beater attachments. There was a 6 inch area of black brown grease appearing substance on the floor under the gas oven. The microwave had a heavy accumulation of dried food particles, and all inside surfaces were heavily soiled with tan brown</p> | F 371  | <p>Carondelet Village Survey 2017 Plan of Correction</p> <p>The Credible Allegation of Compliance has been prepared and timely submitted. Submission of the Credible Allegation of Compliance is not a legal admission that a deficiency exists or that the Statement of Deficiencies were correctly cited and is also noted to be construed as an admission against interest of the Facility, its Administrator, or any employees, agents, or other individuals who draft or may be discussed in this Credible Allegation of Compliance. In addition, preparation and submission of this Credible Allegation of Compliance does not constitute an admission or agreement of any kind by the facility of the truth of any of the facts alleged or the correctness of any conclusion set forth in this allegation by the survey agency.</p> <p>Maintain sanitary food preparation areas F-371</p> |  |  |

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| F 371   | <p>Continued From page 2</p> <p>staining/splatters. The inside shelving of the refrigerators and especially the bottom shelf in three refrigerators had a heavy build up of food particles, and tan/brown/black splatters of different substances. C-C verified all of the observation and was not aware of the deep cleaning procedure for the kitchen except that each cook was to clean up each shift.</p> <p>During an observation of the first floor main kitchenette on 7/10/17, at 6:45 p.m., dietary aide (DA)-A and DA-B were running dishes through the dish machine but neither knew what the temperature was to be for the wash or rinse cycle and both verified they had not been trained on what temperatures to watch for when the dishes went through the dish washer. The microwave and refrigerator in the kitchenette had a heavy accumulation of food particles and all inside surfaces had staining and accumulation of tan/brown splatters. The hot cart used to transport the pans of food from the kitchen had a heavy accumulation of staining on the outside of the cart. The inside cart door had a heavy accumulation of dust and a black substance that ran along the seam of a door seal. the inside of the cart had a heavy accumulation of black/tan/brown staining. DA-A and DA-B were observed handwashing and both washed hands for 4-6 seconds and verified not knowing hands were to be washed for 20 seconds or that paper towels were to be used to turn off the contaminated faucet. Both verified they were new to the facility and not trained on handwashing procedures or infection control. The kitchenette juice and water machines had a heavy accumulation of a white substance and multiple splatters and staining of tan/brown substances. The counter had a heavy accumulation of dust</p> | F 371  | <p>Main kitchen and Care Center kitchenette cupboards, drawers, shelves, and storing dishes were cleaned and sanitized of food particles, crumbs, and sticky substances on 7/14/17.</p> <p>Main kitchen and Care Center kitchenette floors, including under shelving and under appliances, were cleaned and sanitized of paper particles, dust, food, and staining on 7/14/17.</p> <p>Main kitchen stored mixer stand was cleaned and sanitized of dust, food debris, and chipping paint on 7/14/17.</p> <p>Main kitchen and Care Center kitchenette microwaves were cleaned and sanitized of food particles, stains, and splatters on 7/14/17.</p> <p>Main kitchen and Care Center kitchenette refrigerators, including shelving, were cleaned and sanitized of food particles and splatters on 7/14/17.</p> <p>Hot carts were cleaned and sanitized of stains, dust, and splatters on 7/14/17.</p> <p>Main kitchen and Care Center kitchenette juice, coffee, and water machines were cleaned and sanitized of splatters and staining on 7/14/17.</p> <p>Main kitchen and Care Center kitchenette counters were cleaned and sanitized of dust particles and other debris on 7/14/17.</p> <p>Main kitchen and Care Center kitchenette</p> |  |  |

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| F 371   | <p>Continued From page 3</p> <p>particles and a build up of a dark brown debris along the edges of the counter and all around the sink area. The kitchenette serving room had a heavy accumulation of food particles, paper debris, dust and dark brown black staining along the floor edges . C-A and C-B verified the observation and confirmed they were not aware of the cleaning process for the kitchenette areas.</p> <p>During an observation on 7/11/17, at 12:00 p.m. C-A was in the dining room taking orders for the lunch meal and documenting the orders on tickets. C-A then used alcohol gel to sanitize hands and donned gloves back in the kitchen to serve the food. C-A was observed continuously throughout the meal service to wear the same gloves, handled the meal tickets, go in and out of the refrigerator to obtain salad dressing and various items for the staff, to retrieve serving utensils from the back room drawer, to use the microwave, to prepare a grilled cheese sandwich on the stove, to retrieve a pan of food out of the hot cart, and then, continuously throughout the meal service, proceeded to reach into the salad bowl, pick up lettuce with the gloved hand, place the salad on the plate and using the gloved hand picked up the bread stick and put it on the plate. Serving utensils were not used for the salad and bread sticks.</p> <p>During an observation on 7/11/17, at 12:00 p.m. of the food service in the first floor main dining room C-A and C-B washed hands for 4-6 seconds and turned the faucet off without using a paper towel. Both verified they were not trained to wash hands for twenty seconds and to turn off the contaminated faucet with the paper towel for infection control.</p> | F 371  | <p>mop buckets and mop heads were cleaned on 7/14/17, and were stored in designated areas. Rack containing unopened gloves in main kitchen was moved to a new location, away from mop bucket area, on 8/7/17.</p> <p>Education regarding cleaning and sanitizing of kitchen equipment and space was started on 7/14/17 and is ongoing. The policy and procedure regarding sanitation of equipment was reviewed and is current. Staff was instructed on the importance of following cleaning procedures for the main kitchen and Care Center kitchenette, as well as documenting completion of sanitation procedures.</p> <p>Education was rolled out to staff regarding correct dishwashing temperatures, for both wash and rinse cycles on 7/14/17, and is ongoing. Audits are being conducted weekly by Culinary Director/Care Center Administrator to ensure dishwasher temperature logs are completed and accurate, as well as ensuring staff can correctly state the proper wash and rinse temperatures.</p> <p>Education was rolled out to staff regarding proper hand washing procedures (minimum of 20 seconds and turn contaminated faucet off with paper towel) on 7/14/17, and is ongoing. Weekly audits are being conducted by Culinary Director/Care Center Administrator to ensure proper hand washing by staff. Infection Control classes are scheduled to</p> |  |  |

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| F 371   | <p>Continued From page 4</p> <p>Observation of the kitchen on 7/12/17, at 10:00 a.m., with the culinary manager (CM), revealed a mop bucket containing dark gray/brown water and a soiled mop head were sitting next to a shelf with multiple boxes of unopened disposable gloves and several containers of alcohol gel. The CM was not aware of the policy for storing soiled cleaning supplies next to clean protective equipment. The flooring throughout the kitchen had a heavy accumulation of paper particles, food spills, staining of dark brown/tan substances and a heavy accumulation of dark staining along the mop boards throughout the room. The same empty spray bottle was under the pots/pans sink. All the refrigeration units inside shelving had multiple colored stains and accumulation of food spatters and food particles throughout. The juice machine had reddish substance along the drip pan and an accumulation of white substances along the drip rack. The microwave continued to have a heavy accumulation of staining and particles of food. There was a measuring cup in the large bin of flour. In the refrigerator were 8 raw chicken breasts thawing in a metal pan dated 7/10 and the breasts were covered in red/pink water. C-A verified a drip pan should be used to thaw chicken and water was to be removed when present.</p> <p>During an observation on 7/12/17, at 10:15 a.m. in the kitchen dish washing room revealed an outside volunteer training program supervisor (VTS) working with two volunteers (V-A and V-B) running dishes through the dish machine. There was no documentation of water temperatures. The VTS and two volunteers running the dirty dishes through the dish machine verified not knowing what the temperatures on the machine were to be for washing the dishes and did not</p> | F 371  | <p>be held for staff on 8/18/17, led by our organization's Learning &amp; Development Manager.</p> <p>Education was rolled out to staff regarding proper use of wearing gloves and changing when necessary on 7/14/17, and is ongoing. Weekly audits being conducted by Culinary Director/Care Center Administrator to ensure staff are following proper procedures for the wearing and changing of gloves.</p> <p>Culinary staff is using a separate serving utensil for each food item being served at each meal. Weekly audits being conducted by Culinary Director/Care Center Administrator.</p> <p>Volunteer group that assists with washing dishes in the main kitchen was re-educated on proper dishwashing temperatures for both wash and rinse cycles, on 7/17/17 and is ongoing.</p> <p>Culinary Director is actively seeking potential classes for obtaining his CDM certification.</p> <p>Kitchen space and equipment sanitation will be audited weekly through 8/22/17 by the Nutrition and Culinary Director or designee to ensure compliance. Information gathered by these audits will be used for review by the QA Committee to ensure ongoing compliance. Action plans will be developed as needed.</p> <p>The Care Center Administrator will be</p> |  |  |

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| F 371   | <p>Continued From page 5</p> <p>know what to watch for with the rinse cycle temperature for sanitizing of the dishes.</p> <p>When interviewed on 7/12/17, at 10:30 a.m. the CM verified there needed to be a deep cleaning process for the kitchen and staff training for infection control.</p> <p>Document review of the facility policy dated 2017 and titled, Culinary Services, proper thawing of frozen foods, directed staff to change the drip pan when liquid is visible in the pan.</p> <p>When interviewed on 7/13/17, at 9:00 a.m. the administrator verified there were management changes in the kitchen going back to October of 2016. The current CM started in March, and currently the facility did not have a certified dietary manager but CM would be taking the course soon.</p> | F 371  | responsible for ongoing compliance. The completion date for certification purposes will be 8/22/17.                      |                            |  |



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| K 000   | <p><b>INITIAL COMMENTS</b></p> <p><b>FIRE SAFETY</b></p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety. At the time of this survey, CARONDELET VILLAGE CARE CENTER was found to be in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 18 New health Care.</p> <p>Carondelet Village Care Center is located on the first floor of a 4-story building with a full basement. The building was constructed in 2011, and was determined to be of Type II(222) construction. The building is fully fire sprinklered throughout. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and all resident rooms that are monitored for automatic fire department notification. The facility has a capacity of 45 beds and had a census of 41 at the time of the survey.</p> <p>The requirement at 42 CFR Subpart 483.70(a) is MET</p> | K 000  |  |                            |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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